

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-G		4/5
O.I.P.E. CLASSIFIER		21	4-2-1
FORMALITY REVIEW	AM	417	05-16-01
RESPONSE FORMALITY REVIEW	SG	1077	10/17/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	N
14	N
15	N
16	N
17	N
18	✓
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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AL  
5/16  
RESP-856  
10-18-01